

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2			1				52					
3			1				53					
4			1				54					
5			1				55					
6			1				56					
7			1				57					
8			1				58					
9			1				59					
10			1				60					
11			1				61					
12			1				62					
13			1				63					
14			1				64					
15			1				65					
16			1				66					
17			1				67					
18			1				68					
19			1				69					
20			1				70					
21			1				71					
22			1				72					
23			1				73					
24			1				74					
25			1				75					
26			1				76					
27			1				77					
28			1				78					
29			1				79					
30			1				80					
31			1				81					
32			1				82					
33			1				83					
34			1				84					
35			1				85					
36			1				86					
37			1				87					
38			1				88					
39			1				89					
40			1				90					
41			1				91					
42			1				92					
43			1				93					
44			1				94					
45			1				95					
46			1				96					
47			1				97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.			1									
TOTAL DEP.			1									
TOTAL DEP.			1									
TOTAL CLAIMS			1									